

Examination with the ophthalmoscope discovers very extensive disease of both lenses. Various rough central radiating planes are well marked, and alternate with finer lines. The posterior surface of the lens in each eye seems almost similarly affected; while, under the effects of atropine dropped into the eye, one perceives the lines of planes branching more and more finely, with a fine striated haze, as if the cataract or cause of blindness was simply in the lens, and came somewhat under the control of the zonula of Zinn, or the thin layer which connects the anterior margin of the retina with the circumference of the lens.

Mr. Bowman extracted both lenses by *lower* sections of the cornea, as the eye was irritable and turned up. A small piece was also sliced out of the lower part of the left iris. The lenses were found soft. The operation did not differ from a hundred of others seen here every year.

A week subsequently the result of the operation was perceived to be very good, with the exception of some opacities still remaining; these, in a few days after (September 5), were broken up by a needle again introduced; which, in its turn, was followed by absorption, and a condition of vision this week quite wonderful, judging by the result of many cases of a similar kind.

Amongst the "curiosities" of surgery, Mr. Critchett related, in connection with this patient, a case of closed pupil or cataract in an old lady, unexpectedly cured by an accident! The handle of a saucepan was pushed into her eye, and poked out the lens, with the most admirable effect on her vision. In another similar case, a man pushed a curette into his eye by slapping his hand against the surgeon's hand. In a case of cataract with closed pupil we saw a good cure also recently effected by tearing the pupil with two needles. A singular case of closed pupil, with congenital cataract, was also mentioned incidentally, where, on a single application of atropine, vision was restored (temporarily, of course) almost in an instant. The patient seemed in a dream of astonishment.—*Association Medical Journal*.

MIDWIFERY.

44. *Placenta Prævia*.—Mr. T. O'CONNOR relates the two following examples of this.

CASE I. was that of a woman, aged 35 years, in her seventh pregnancy; her previous labours had been without complications of any kind. I was called to her a fortnight previously to her labour having come on; and a more frightful case of syncope I have no recollection of witnessing. The bed and clothes were saturated with blood; the woman's face was pale as death; she was lying across the bed apparently lifeless. Having learned from the attendant that she expected to be confined in a month, I made an examination, and found the os uteri undilated; there were no labour pains. Although the hemorrhage had ceased, I thought it advisable to plug the vagina, feeling that further discharge, in any quantity, must be fatal. As soon as she was able to swallow, I gave a drachm of Hoffman's anodyne in a little water, and repeated it every fifteen minutes for four or five times. She then became for a moment conscious, then incoherent, and immediately the fainting returned in an appalling degree. This condition, alternated with momentary conscious intervals, lasted two hours, every moment of which I expected to see her expire. By this time, I contrived to administer with a spoon two ounces of compound sulphuric ether. A tranquil sleep ensued; and I left her with injunctions that I should be sent for when she awoke, or if flooding or any untoward symptom occurred. The sleep lasted two hours, when, agreeably to my instructions, I was again summoned, and found her refreshed and doing well. I then withdrew the plug, as there had been no return of flooding; and as it had been now four hours in the vagina, I enjoined, for the present, the recumbent position. After two days attendance I discontinued my visits, as there was no appearance of labour,

and as the woman was verging towards convalescence, having taken care that the bowels were relieved by castor oil.

In a fortnight afterwards, I was again called to the same person early in the morning, in a great hurry. I learned from the messenger that, while turning in bed, she had been seized with flooding to an alarming extent, and had fainted. On arriving at the house, I found on the boards, under the bed, a pool of blood, which must have amounted to two or three pints, having filtered through the bed after inundating the clothes. The woman was faint, and gasping for breath; the hemorrhage had ceased. On examination, I found the os uteri patulous and dilatable, capable of admitting my middle finger, which I passed up, and then discovered the cause of the hemorrhage. From the first, indeed, I had suspected, but could not before satisfy myself by touch, as the dilating process had not then commenced, that the placenta was adherent to half the circumference of the os tincæ. The head was presenting. As the woman still continued alarmingly faint, I administered two drachms of compound spirits of sulphuric ether in a little water. I separated the placenta from its attachment to the os uteri, punctured the membranes with a long probe, and, having infused a couple of drachms of ergot in half a pint of boiling water, gave a fourth part of this every twenty minutes. This brought on active labour after the third dose; and in two hours the woman was delivered of a child of more than average size, which gasped two or three times, and expired. My patient recovered from this fearful state in an incredibly short time, and is now in robust health. Not the least remarkable point about those cases generally is the rapidity with which the women recover.

CASE II. I was hurriedly summoned to a woman, aged 28 years, in her third pregnancy, and whose previous labours had been natural. Her husband, who was the messenger, in great excitement said his wife must be either dying or dead, as he thought no person could survive such a loss of blood; and truly, on arriving at the house, which is three miles from my residence, a spectacle presented itself calculated to appal any one who was not totally indifferent to human life. The chamber utensil (which was a large one) was filled with blood; the floor in several places was covered; the bed and clothes were soaked; the woman was passing rapidly from one faint to another. I immediately gave her two drachms of Hoffmann's anodyne in water, and proceeded to examine her. I found the os uteri so dilated as easily to admit two fingers; the placenta was adherent all round, with a rent in its centre, from which gushed the torrent of blood which had well nigh swept off my patient, and from which oozed still blood in small quantity. As the woman had not yet recovered from the syncope sufficiently to justify me in proceeding to deliver, and as there was still hemorrhage—small in quantity, it is true, but liable to be increased to a gush by the first pain or the first rally from the faintness—and as she was at this time in the worst possible condition to bear any further loss of blood, I decided on firmly plugging the vagina, so as to place a pad against the rent in the placenta, and on assisting her out of the syncope, before attempting delivery, I therefore repeated the ether at intervals of ten or fifteen minutes during an hour, to the amount of a drachm at each dose. I then withdrew the plug, and administered the ergot, as in Case I. Having introduced my hand, and separated the placenta from its attachment to the os tincæ, after a most painful and bloody process, I succeeded in seizing one of the legs of the child. As the os was dilatable, I had little difficulty after this in completing the delivery, having saved the lives of mother and child.

Remarks.—I attribute the safety of both these women to the use of Hoffmann's anodyne. In Case I., the hemorrhage was very profuse, and its effects were terrible for the first few minutes; indeed, there was a fearful struggle between life and death, in which the latter would, I have little doubt, have obtained the victory, had he not been combated by the ether. What occasioned the hemorrhage? The placenta is adherent to half the circumference of the os uteri; the latter, in its progress towards development, or in other words, during the increase of its surface, being elastic or extensible, moves away from part of the placenta which is not endowed with elasticity, and lacerates some of the vessels of the latter: hence the gush of blood, which may

then and there be fatal by syncope, if the nervous energy is not excited by some agent capable of producing a powerful though not prolonged stimulus. That agent is, without doubt, Hoffmann's liquor. If we drag our patient through the first shock, we have routed the enemy for the present; the system will have righted itself before there is a return of the hemorrhage, when a new mode of proceeding may announce itself. The plug in the vagina performs no mean part in arresting the danger; for, a firm pad being placed in close contact with the lower walls of the uterus, these in turn press the open mouths of the vessels, and secure the formation of a clot. The ether must be administered freely and fearlessly. In support of this opinion, I may here mention a case of unavoidable hemorrhage, which I had the management of in the autumn of last year, and in the latter stages of which I had the valuable assistance of a highly intelligent physician and esteemed friend from a neighbouring town. In this case, one fit of fainting followed another in such rapid succession, with jactitation of arms and legs, relaxation of sphincters, and that utter state of prostration which too frequently is the immediate herald of death, that we did not hesitate to carry the use of this drug to the extent of between four and five ounces in three hours, with the happiest result. I mention this by the way, to fortify the opinion that this drug ought to and must be administered freely, in unavoidable hemorrhage, threatening by its extent the immediate death of the patient. Astringents are useless in this class of cases; if the loss of blood is profuse, the patient will die before they produce any effect, if effect is expected from them; and if the hemorrhage is not profuse, the patient will do equally well without them.—*Assoc. Med. Journal*, May 16, 1856.

45. *Quinine in Puerperal Fever*.—M. BEAU, during a recent epidemic, has been trying, with considerable success, at the Cochin Hospital, quinine in large doses. He prescribes, at the onset of the disease, an emetic, or emetocathartic; and, immediately that its operation has ceased, he gives the quinine in quantities from at least 15 grains to 30 grains, according to the severity and tenacity of the case, in the twenty-four hours, in doses of 7 grains, taken at equal intervals. These doses almost inevitably give rise to the symptoms of quinine intoxication, which, in some cases, go on to the extent of intense maniacal delirium. It is only upon the condition of these symptoms being induced that benefit accrues. The first patient so treated manifested all the symptoms of intense puerperal fever, and had a pulse of 160; and, as she recovered, M. Beau treated all the women who subsequently took the disease in the same manner, and that from the beginning of the manifestation of its presence. From this time the mortality that had prevailed ceased. This agent has not, however, in any case, completely and immediately arrested the progress of the disease. All powerful, in some sort, over the febrile condition, and over all the assemblage of grave general phenomena, which attend the local lesions of the abdomen, and which might be termed the malignant elements of the disease. It exerts no effects upon these lesions themselves. It, as it were, decomposes the disease, and reduces it to its mere local elements; but the peritonitis or metro-peritonitis, which, from having been super-acute, takes on only a sub-inflammatory character, is henceforth easily dealt with. M. Leudet, and other practitioners, have already employed it as a prophylactic in this disease with success; but M. Cazeaux derived no benefit from some trials he has made of it.—*Med. Times and Gaz.*, Oct. 25, from *Gaz. des Hop.*, No. LXXIX.

46. *Vomiting in Retroversio Uteri*.—M. BRIAN draws attention to a case in which the obstinate vomiting of pregnancy seemed to depend upon partial retroversion of the uterus, it ceasing soon after reposition had taken place. Prof. Moreau, who saw the case with him, informed him that he had several times met with similar cases, which were as effectually relieved.—*Ibid.*, from *Bull. de Thérap.*, t. li.

47. *Cæsarean Section; Lives of both Mother and Child saved*.—M. ALLVIN, of Tournheim, relates (*Journal de Méd. et de Chirurgie Pratiques*, Jan., 1856) an instance of this. The mother was 22 years of age, rachitic, the antero-posterior dia-